HIV/AIDS in the Department of Defense

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Objectives

- Review Department of Defense Directive 6485.1 (19 March 1991)
- Review Service specific instructions on HIV
- Discuss management of active duty HIV positive personnel

Department of Defense Directive 6485.1 19 March 1991

- Service Secretaries establish Service policies, procedures and standards for the identification, surveillance, education, and administration of personnel infected with HIV
  - US Army – AR 600-110 (1 June 1996)
  - US Navy – SECNAVINST 5300.30C (14 March 1990)
  - US Marine Corps – NAVMC 2904 (11 Jun 1991)
  - US Air Force – AFI 48-135 (12 May 2004)

HIV Testing

- Reasons to Test
  - Readiness
    - Identify unfitting conditions for worldwide deployment
    - Maintain troop readiness
    - Maintain the safety of the blood supply
    - Risk of tropical diseases while deployed overseas
  - Comply with host nation requirements and Status of Forces Agreements (SOFA)

HIV Testing

- Reasons to test, cont:
  - Prevent infections
    - Sexual partners
    - Co-workers (walking Blood Bank)
    - Patients (medical care providers)
    - Prevent other infectious diseases in the person
  - Detect immunologic deficiency
    - Offer treatment
    - Process for disability and separation

HIV Testing

- Accession Policy
  - HIV positive are not eligible for military service
    - The condition existed prior to entry
    - Potential for life threatening reactions to live virus immunizations at basic training
    - Not able to participate in battlefield blood donor activities or other military blood donation programs
    - No way to differentiate those who will progress to clinical disease and those who will remain healthy
    - Avoid medical costs (recruits to retirement)
    - The individual may not complete the initial service commitment (wasted training)

HIV Testing

- Accession Testing
  - HIV testing at the initial physical examination at the Military Entrance Processing Stations (MEPS)
  - HIV testing after arrival to Recruit Training Centers (boot camp)
  - Not eligible for military service if found to be HIV positive

Assignment Limitations

- Medical evaluation at an HIV Evaluation and Treatment Unit (HETU)
  - Army – 6 sites
  - Navy – 3 sites
  - AF – 1 site
- Individuals fit for duty shall not be retired or separated solely on the basis of serologic evidence of HIV infection
- Retire or separate Active Duty or Reserve service members who are determined to be unfit for further duty

Assignment Limitations

- Non-deployable overseas (OCONUS)
- Service specific restrictions
  - USMC doesn't allow for HIV positive recruiters or drill instructors
  - Army restricts some military-sponsored educational programs with additional service obligations
- HIV positive test alone may not be used adversely for administrative reasons
- Epidemiological data may not be used for any disciplinary or adverse administrative action

Assignment Limitations

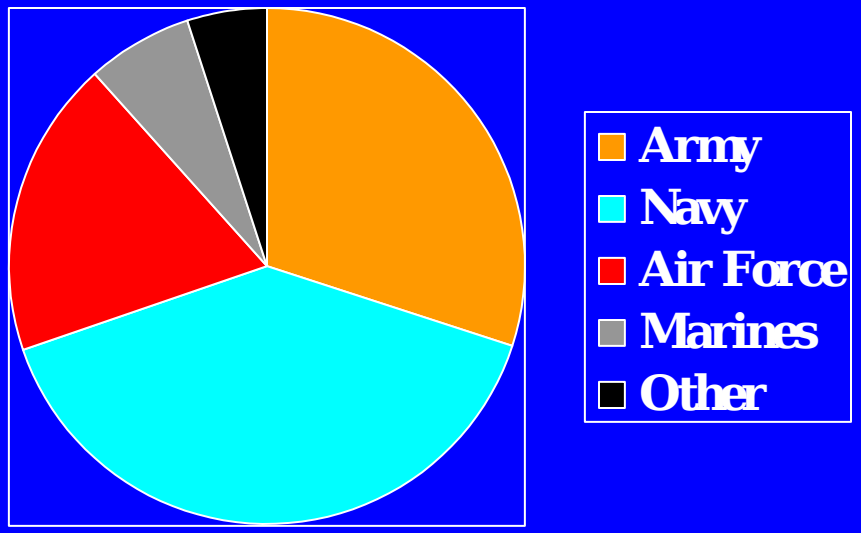
- There is no demonstrated risk of transmission of disease in normal daily activities
- Universal precautions
- Non-deployable
- Assigned in CONUS or Hawaii
- May reenlist
- An investment in training of these members has been made – so they need to be utilized

US ARMED FORCES STRENGTH FIGURES FOR 30 SEP 04

SERVICE	END STRENGTH
US Army	499,543
US Navy	373,197
US Marine Corps	177,480
US Air Force	376,616
Total DoD	1,426,836

Data Source: DoD Directorate for Information Operations and Reports (http://www.dior.whs.mil)

Service Affiliation of HIV Positive Personnel 1999 - 2002



- Army 30.0%
- Navy 39.8%
- Air Force 18.6%
- Marines 6.6%
- Other 5.1%

HIV Natural History Study RV-122 Data, 1999-2002

HIV Prevalence/Incidence Comparisons

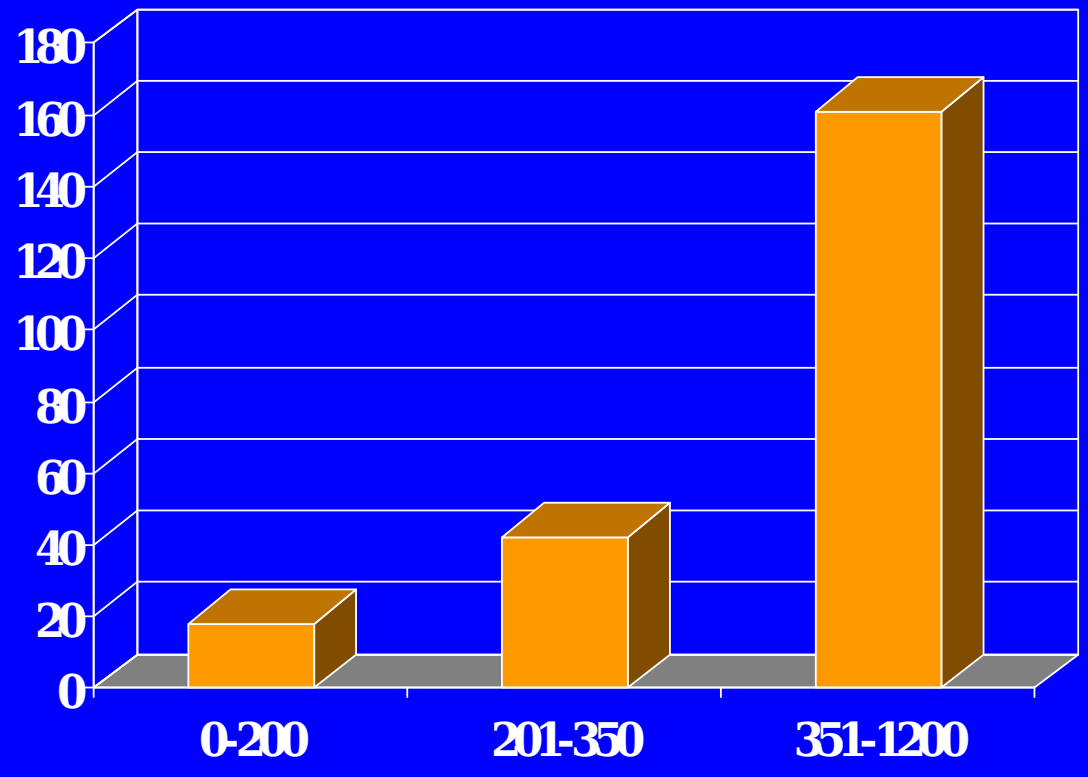
- HIV is not common in DoD
  - Since 1985 there have been ~ 5000 AD cases
    - < 1000 on active duty today
    - There are currently ~ 960,000 cases in the USA
  - Incidence in DoD is 0.1 – 0.2 per 1,000 tested
    - Incidence in US is 1 –3 per 1,000 tested
  - < 5 % of HIV positive tests are women in DoD
    - 30% of HIV positive tests are women in USA

DoD Clinical Data

- RV-122 Data
  - Tri-service *Natural History of HIV Disease* study
  - 1999 - 2002 data
- 221 active duty new positive tests
  - Average CD4 = 496 cells/mm^3
  - Highest CD4 = 1110 cells/mm^3
  - Lowest CD4 = 12 cells/mm^3

DoD Clinical Data
Initial CD4 Count (cells/mm^3)

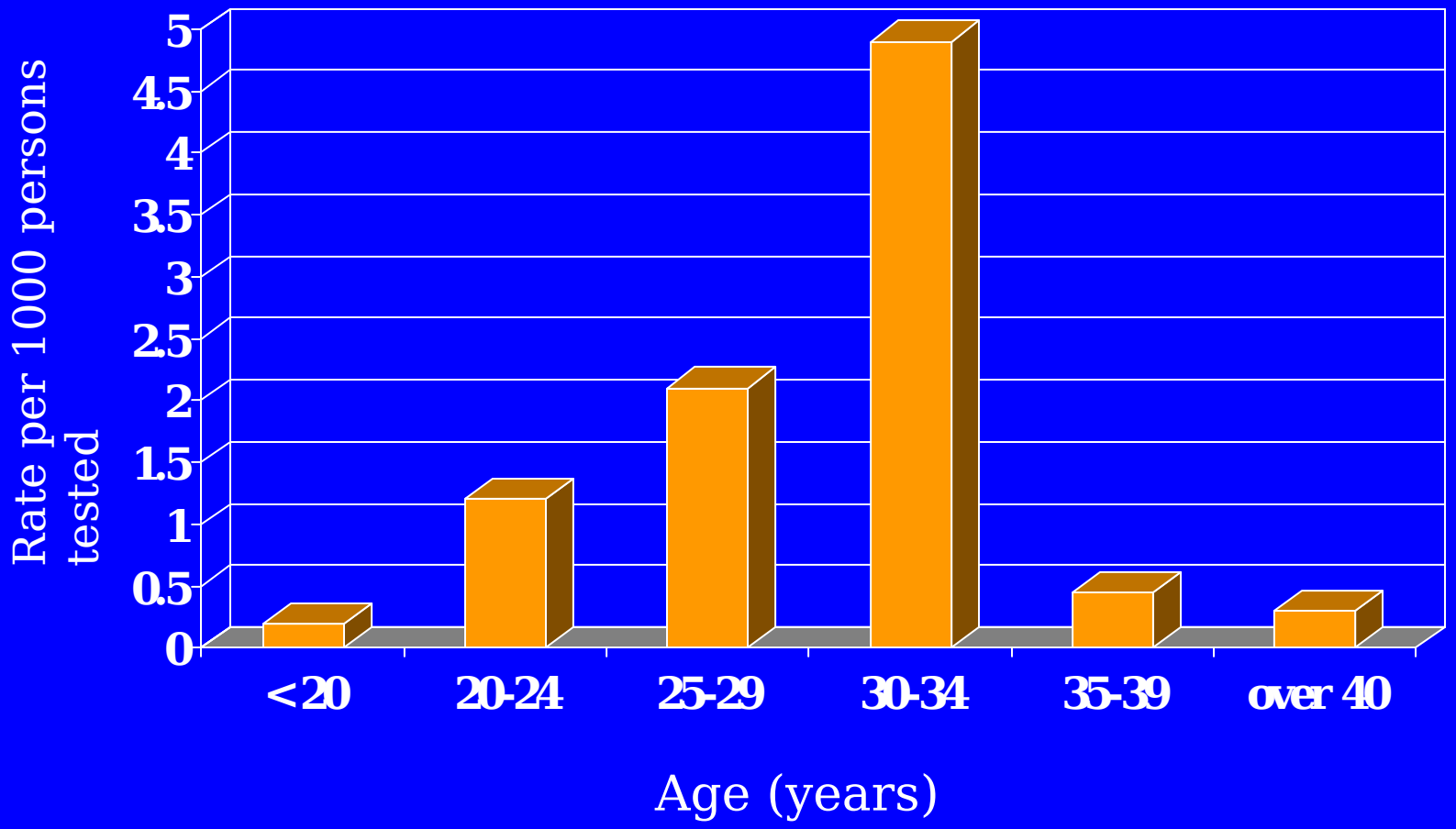
New HIV Positive



CD4 cells/mm^3

0-200	18 (8%)
201-350	42 (19%)
351-1200	161 (73%)
	221 (100%)

Rates of new diagnoses of HIV-1 infections
Army active duty, by age groups, 1992 - 2002



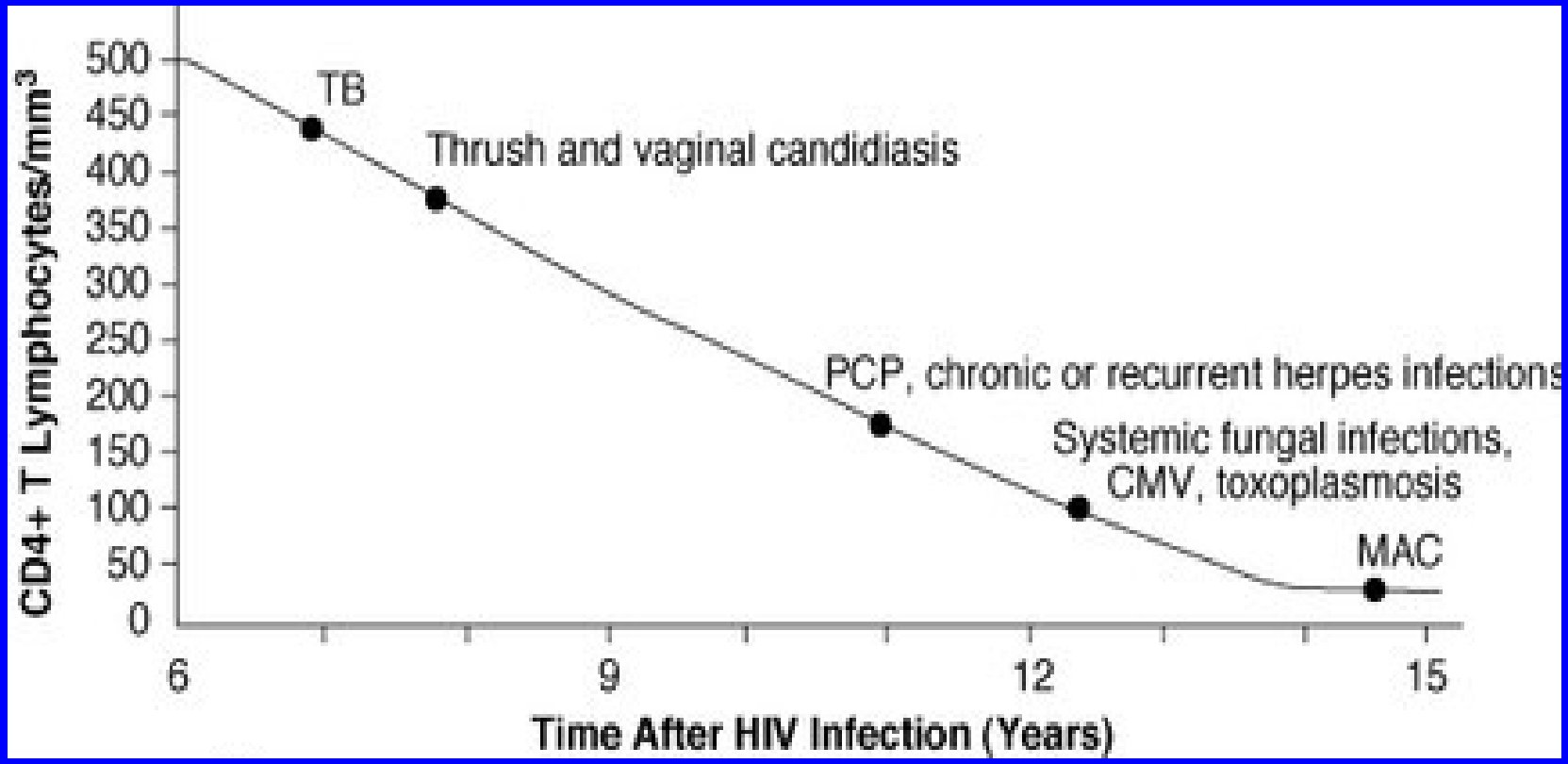
Active Duty Living with HIV

- CONUS and Hawaii
- Fit for Duty
- No meds if CD4 $\geq$ 350 cells/mm^3
- No meds if viral load $\leq$ 55,000 copies/ml
- Multiple regimens for HAART available
  - AIDSinfo Web site: **http://AIDSinfo.nih.gov**
- Active Duty or Reserve service members who are found to be unfit for further duty are retired or separated (minimum 0% disability)

Living with HIV

- HIV Evaluation and Treatment Units (HETU)
- Patient education is most important
  - Commitment to take medications correctly
  - Appropriate follow-up to monitor viral suppression
  - Health care maintenance
    - Immunizations
    - Nutrition
    - Drug Supplements
    - Safer Sex
    - Alcohol

Time Line for Opportunistic Infections in HIV



Post-Exposure Prophylaxis

- CDC guidelines
  - Four weeks of therapy ASAP
  - AZT + 3TC for low or medium risk exposure
  - AZT + 3TC + PI for high risk exposure
  - No data concerning transmission of drug resistant virus
- No invasive procedures
  - Dark hole, fingers and sharp instruments

Future of HIV in DoD

- New DoD Directive is pending release
  - DoD to provide guidance to the Services for personnel management (USD – P&R)
    - » deployment to OCONUS not specified
  - Forcewide screening tests to be done no more or less frequently, than every two years
  - Medical Corps to determine fitness for duty
  - Shall be allowed to serve in a manner that ensures access to appropriate medical care
  - Increased preventive training for service members
  - Comply with all host nation requirements for HIV screening

Future Challenges

- Long asymptomatic incubation
- Medications change HIV into a progressive illness
- HIV can still be spread even with an “undetectable” viral load
- Long time before a vaccine will be available
- Increasing population of patients alive and well with HIV
- Maintaining interest in prevention

Questions ?